Greetings,

Welcome to Summer! Summer is a time for rest and relaxation. Go to the beach, go to the mountains, go out and do something for you!

This Association is committed to sharing information that will assist you in your professional career development and allow you an opportunity to network with your peers.

Quarterly meetings are held in Winston-Salem, North Carolina or at a vendor’s place of business. Please see the specific brochure for each meeting.

In August, 2017, we will hold our summer meeting at the beautiful Hawthorne Inn in Winston-Salem, North Carolina. We invite all members from every state to join us. If you are not a member, we invite you to become one!

Lana L. Heecher
NCAHCS-Past President 2017—2018

"Some of the best memories are made in flip flops.”

Kellie Elmore

The NCAHCS-P is now an affiliated chapter of the International Association of Healthcare Central Service Materiel Management
Inventory Control and Distribution: Case Studies
Katrina Simpson, M.A., CST, CSPDT

Objectives:
- Identify six different types of distribution/inventory replenishment systems through case studies
- List advantages and disadvantages of specific distribution/inventory replacement systems
- Define Inventory
- Identify the difference between consumable and reusable inventory

What is Inventory in Sterile Processing?
Before we dive into the six different case studies created below, let’s discuss inventory in sterile processing. When you hear this term does it remind you of the image located above or are the inventory systems you utilize in your departments more complex? When we utilize the term “inventory” in healthcare, it can be described as the use and storage of reusable and consumable items (The International Association of Healthcare Central Service Materiel Management, 2016). Reusable inventory are typically items that include medical devices such as medical instrumentation and equipment, imaging equipment, wheelchairs, operating room tables, and so on. A consumable item in healthcare is always replaced after use. Can you think of a consumable item in your department that you dispose of after use? How about pipe cleaners? How often do you utilize a chemical indicator? Would you re-sterilize a single-use chemical indicator, over and over?

Case Study One: Clinical staff members at Healing Medical Center are finding it more difficult to utilize their time in an effective manner due to daily, frequent request of medical supplies in their departments. Sterile processing professionals are becoming frustrated more often because they can never be proactive in identifying the needs of these departments. Can you identify which inventory replenishment or distribution system the case study is referring to? If you answered, “Demand/Requisition System”, you have responded appropriately! The demand or requisition system is a system in which the items needed for a specific department are requisitioned before removed from the SPD Department (The International Association of Healthcare Central Service Materiel Management, 2016). This inventory system requires users to manage the orders that are used in a simple, but labor-intensive manner.
Case Study Two: Unfortunately, there has been several complaints from the operating room and other medical units at Healing Medical Center for the last few weeks. A scantily requested item has been used excessively throughout the hospital. Because this item is not often requested, the SPD Department has not replenished the item. The SPD Department has been short staffed and items have not been frequently checked to ensure they are in stock. Which distribution system am I referring to? If you answered, “Par-Level”, you have responded appropriately! Par-Level inventory systems are utilized to replenish items used at an optimum level based on customer usage; these items are typically predetermined (Chobin, 2016). One of the advantages of this system is that there is typically no need to order items that need replenishment. The items are automatically calculated by a predetermined quantity and replenished daily. If this is the case, what are some reasons that the scantily requested item ran out of stock? This item was overlooked and not replenished. Could it be because historically, this item is never used? Absolutely! According to Chobin (2016) preprinted list of stock can create slow-moving or “dead” stock and items should be reviewed periodically based on historical data. In this case, it would be safe to assume that the technician(s) responsible for replenishing stock assumed that the scantily utilized or “dead” stock item was still present.

Case Study Three: The intensive care unit at Healing Medical Center has experienced some recent issues with missing items from carts. There are only two carts available to the entire unit and each cart is identical to the other. Unfortunately, common items have been missing from each cart and the department manager has decided to conduct a meeting with the SPD Manager. What distribution system is this department using?

If you answered, “Exchange Cart”, you have responded appropriately! In an exchange cart inventory replenishment system, two identical carts are created. Once the end user requests one of the carts and utilizes the necessary supplies, the cart is then transported down to the SPD Department to be replenished. The duplicated cart is transported to the end-user if additional supplies are requested or needed. In this case, why were items missing from the exchange carts? Brainstorm and write your responses here: (there are no wrong answers)

__________________________________________________________________________________________________________
__________________________________________________________________________________________________________
____________________________________________________________________________________________________

Major advantages of the exchange cart system are that items do not need to be ordered by clinical staff, nor determined by Materials Management; furthermore, it is an automatic system unless items have to be altered (The International Association of healthcare Central Service Material Management, 2016). One of the disadvantages of this system is that it requires a substantial amount of space for storage, additionally, this system is labor and hardware-intensive (The International Association of healthcare Central Service Materiel Management, 2016).

Case Study Four: Labor and Delivery, the Cath Lab, and Operating Rooms at Healing Medical Center have experienced issues with contaminated sterile items transported to their departments. Unfortunately, this has caused a major delay in surgical
procedures starting on time. The SPD Department has been overwhelmed and cannot seem to keep up. Half of the staff are new employees and there is only one educator in the entire department. Unfortunately, she has not had the opportunity to educate all of her new employees on infection control policies and procedures. What distribution system may I be referring to?

If you answered, “Case Cart”, you have responded appropriately! Case cart distribution systems are typically used in departments that conduct surgical or special procedures. Sterile and clean items are contained within an open or closed case cart system needed for the procedure and transported accordingly. In this scenario, why might the items be contaminated? Could it be that the case carts were not properly disinfected before stocking clean and sterile items? What else can you brainstorm? List it here:

To ensure the effectiveness of a case cart system, adequate communication is necessary. Furthermore, operating room staff and sterile processing professionals must ensure that requested items are accurate and up-to-date to eliminate unnecessary errors. Advantages of utilizing a case cart system when done correctly involve enhanced infection control practices, reduction in cost, and quality instrument and supply tracking (The International Association of healthcare Central Service Materiel Management, 2016). Some disadvantages of the case cart inventory control system are that they can be difficult or heavy to transport and can take up excessive space.

Case Study Five:
On Christmas Eve, a disgruntle employee of Healing Medical Center decided to enter her previous department and inflict injury on 20 staff members. Once security was able to properly detain her from injuring more employees, it was discovered that a disaster cart was missing from the department. Chaos set in and the supervisor contacted SPD to see if an extra cart was available within their department. What distribution system may this disaster cart fall under?

If you answered, “Specialty Cart Distribution System”, you have responded appropriately! Per Chobin (2016) specialty carts are similar to case carts and are distributed for emergent or special situations. These carts, when not in use, must be protected from dust and other containates. Specialty carts, such as crash carts may contain a safety lock that ensures to the staff that there are no missing items within the cart in the case of an emergency. These carts must be thoroughly monitored, if not physicians may become visibly upset and patient’s lives can be endangered (The International Association of Healthcare Central Service Materiel Management, 2016). Review the chart below to view some of the most common specialty carts utilized in hospitals and medical facilities. Does you hospital contain one or more of these carts?
Case Study Six:

The vendor normally responsible for distributing supplies to Materials Management at Healing Medical Center has been replaced by a new hire. Over the last two days, requested supplies have been delayed in the telemetry department. Materials Management has just issued out their last bit of stock to telemetry and the new vendor contracted to the hospital has communicated that it could be as long as two weeks before the next shipment of supplies makes it to the hospital. Which distribution system is being utilized by materials management?

If you answered, “Stockless or JIT”, you have responded appropriately! Stockless or Just in Time distribution systems does not require supplies to be stored in the SPD Department. There is a small amount of stock located in Materials Management. Once items need replenishing, they are received as needed by a vendor or distributor. In addition to this, because this is a “stockless” method, the items requested can be transported directly from the distributor or vendor to the requesting department. Advantages of this distribution system include reduced stock of inventory minimizing storage space, and reduction of staff needed to monitor inventory. One major disadvantage of this system is the inability to provide additional supplies as requested efficiently. Because there is not a substantial amount of stock required, there may be limits on how much supplies a department can receive at a given time. This could be unfavorable in times of emergencies in which the “stockless” supplies requested are not kept on hand in abundant quantities.

References


Inventory Control and Distribution: Case Studies
Post-Test 2017

1. A consumable item is never replaced after use.
   TRUE
   FALSE

2. Inventory can be described as items used in a warehouse that meet the critical needs of patients in healthcare.
   TRUE
   FALSE

3. A chemical indicator can be classified as a reusable item.
   TRUE
   FALSE

4. A demand system can be described as a simple, yet labor-intensive distribution system.
   TRUE
   FALSE

5. Slow-moving or “dead” stock are some disadvantages of a Par-Level System.
   TRUE
   FALSE

6. One of the advantages of the exchange cart system is that it requires a substantial amount of space for storage which allows for extra supplies to be stored effectively.
   TRUE
   FALSE

7. Case carts must be adequately cleaned and disinfected before storing them with clean or sterilized supplies.
   TRUE
   FALSE

8. Latex-free, Isolation, and Crash carts are all specific types of specialty carts used in hospitals and medical facilities.
   TRUE
   FALSE

9. Specialty carts are similar to Demand systems and are distributed for emergent or special situations.
   TRUE
   FALSE

10. Vendors or distributors are responsible for delivering supplies to hospital units or material management departments when requested in a “stockless” distribution system.
    TRUE
    FALSE

To receive one CEU credit, complete the quiz and send this page only, via normal mail:
Lana Haecherl
P. O. Box 568
Pineville, NC 28134-0568

Your certificate will be sent via email if your score is greater than 70%. If you are not a member of NCAHCSP, please include a fee of $20.00 along with your Membership Application, found on the website (www.ncahcsp.org). Please allow at least six weeks for processing.

CEU Expiration Date: May 23, 2022

PRINT NAME CLEARLY: ____________________________________________

E-MAIL ADDRESS: _____________________________________________ □ (New e-mail address)

PHONE NUMBER: _______________________________________________
Sour Cream Cucumbers Recipe

TOTAL TIME: Prep: 15 min. + chilling YIELD: 8 servings

Ingredients

1/2 cup sour cream
3 tablespoons white vinegar
1 tablespoon sugar
Pepper to taste
4 medium cucumbers, peeled if desired and thinly sliced
1 small sweet onion, thinly sliced and separated into rings

Directions

In a large bowl, whisk sour cream, vinegar, sugar and pepper until blended.
Add cucumbers and onion; toss to coat.
Refrigerate, covered, at least 4 hours.
Serve with a slotted spoon.

Recipe Note

Cucumbers with Dill: Omit first four ingredients.
Mix 3/4 cup white vinegar, 1/3 cup snipped fresh dill,
1/3 cup sugar and 3/4 teaspoon pepper. Stir in cucumbers.

Nutritional Facts

3/4 cup: 62 calories, 3g fat (2g saturated fat), 10mg cholesterol, 5mg sodium,
7g carbohydrate (5g sugars, 2g fiber), 2g protein.

Diabetic Exchanges: 1 vegetable, 1/2 fat.
Dear Steamie,

Our SP department has been asked to assume the responsibility of processing the TEE probes from our CV lab. Can you offer some information on best practices for this?

Thanks so much,
Inquiring SP Tech

Thanks for your question.
As always, the first process should be to review the manufacturer’s guidelines and instructions on reprocessing. Most TEE (Transesophageal echocardiography) probes are processed using HLD (High Level Disinfection) either through a manual or automated processor.

Here are a list of the top steps for successful TEE processing:

1. Point of use cleaning-wiping down the insertion tube with an enzymatic sponge.
2. Transportation-transporting the TEE in a manner to prevent damage and occupational exposure.
3. Enzymatic cleaning.
4. Thorough Rinsing and Drying-use a non linting cloth to dry.
5. Some TEE's require an electrical leak test prior to HLD.
6. High Level Disinfection-ensure that the HLD used is a validated product for use.
7. Again thorough rinsing and drying after HLD.
8. Proper TEE storage- hanging vertically in a dry environment.

Hope this information is helpful.

Steamie

- Please submit your questions to Dear Steamie.
- Please allow six weeks for CEU processing and plan accordingly.
Future Education Meetings

The Summer meeting is August 18, 2017 in Winston Salem at the Hawthorne Inn

The Fall meeting is November 3, 2017 in Winston Salem at the Hawthorne Inn

Visit our website www.ncahcsp.org You’ll find details as well as brochures and registration information. We are now IAHCSMM (www.iahcsmm.org) affiliated!
Committees for 2017 / 2018

If you are interested in serving on a committee please contact Lana Haecherl

Education
Stacie  Chairperson
Candy
Christi
Phillip  Vendor show
Tammy  Brochure

Finance
Stacie  Chairperson
Officers
Board of Directors

Membership
Paul  Chairperson
Don
Laura Worley

Editorial
Lana  Chairperson, Newsletter
Tammy  Dear Steamy
Katrina  CEU development

Public Relations
Karen  Chairperson
Amanda

Recognition
Cheryl  Chairperson
Louise

Nominations
Christi  Chairperson
Don

IAHCSMM
Lana  Chairperson
North Carolina Association for Hospital Central Service Professionals will establish itself statewide as the leading educational organization through innovative programs that enhance the development of the Central Service Professionals.

We’re on the web!
WWW.NCAHCSP.ORG
Check us out!
**Board of Directors**

President    Vacant

Past President — Lana Haecherl
Manager, Medical Equipment & Sterile Services
Carolina Medical Center
P O Box 32861
Charlotte, NC 28232
Phone 704-355-9814
lana.haecherl@carolinashealthcare.org

**President Elect** — Stacie Patterson
BSN, RN, CNOR
RME Coordinator/SPS Nurse Educator
W.G. (Bill) Hefner VA Medical Center
1601 Brenner Avenue
Salisbury, N.C. 28144
Office 704-638-9000 Ext. 3696
Stacie.patterson@va.gov

**Treasurer** — Stacie Patterson
BSN, RN, CNOR
RME Coordinator/SPS Nurse Educator
W.G. (Bill) Hefner VA Medical Center
1601 Brenner Avenue
Salisbury, N.C. 28144
Office 704-638-9000 Ext. 3696
Stacie.patterson@va.gov

**Secretary** — Paul Hess, BSN, RN, CRCST, ACSP
Manager, Alternate Site Facilities, CPD, Mail Room and Couriers
New Hanover Regional Medical Center
2131 S 17th St, P.O. Box 9000
Wilmington, NC 28402-9000
Phone 910-343-2142
paul.hess@nhrmc.org

Cheryl Bean
Chief, Sterile Processing
W.G. “Bill” Hefner VA Medical Center
1601 Brenner Ave
Salisbury, NC 28144
Cheryl.bean@va.va.gov

Don Christenbury
Coordinator, Medical Equipment & Sterile Services
Carolina Medical Center
P O Box 32861
Charlotte, NC 28232
Phone 704-355-8924
Don.christenbury@carolinashealthcare.org

Candy Durant, ST, CSPDT, CSPDM
Supervisor
Duke Eye Center
2351 Erwin Road, Room 352
Durham, NC 2770

Tammy Franklin ST, CSPDT, CSPDM
Sterile Processing Director
Catawba Valley Medical Medical Center
810 Fairgrove Church Rd
Hickory, NC 28602
Phone 828-326-3259
Tfranklin@catawbavalleymc.org

Karen Furr
Assistant Director Sterile Processing
Moore Regional Hospital
PO Box 3000
Pinehurst, NC 28374
Phone 910-715-1081
kfurr@firsthealth.org

Phil Hardin
Supervisor, Sterile Supply Services
Gaston Memorial Hospital
Gastonia, NC 28054
Phone: 704-813-7220

Amanda Parker, CSPDT 17-18
Coordinator, Central Sterile Processing
Scotland Healthcare System / Scotland Memorial Hospital
500 East Lauchwood Drive
Laurinburg NC 28343
Office: 910 - -
Fax: 910 - -
amanda.parker@scotlandhealth.org

Louise Rahilly, RN
Founder-Board Member Emeritus
2623 Fordham Drive
Fayetteville, NC 28304
Phone 910-485-8296
crah115826@aol.com

Katrina Simpson, MA CST,CSPDT
Program Coordinator Sterile Processing
Fayetteville Technical Community College / UNC Medical Center
PO Box 35236
Fayetteville, NC 28303
Phone 910-678-9786
simpsonk@faytechcc.edu

Christi Tucker, CSPDT
Assistant Manager, Central Sterile Processing
Carolina Healthcare System - Stanly Regional Medical Center
301 Yadkin Street, PO Box 1489
Albemarle NC 28001
christi.tucker@carolinashealthcare.org

Mailing Address
NCAHCP
605 VALE DRIVE
WILMINGTON, NC 28411-9484